

## PURPOSE

The purpose of the foster care safety assessment is to:

- Assess whether a child is in immediate danger of physical harm.
- Identify the source of that danger.
- Determine if an available protecting intervention can be maintained or initiated to ensure the child's physical safety.

Caseworkers must also use the safety assessment to ensure that reasonable efforts are made to preserve or reunify the family through consideration of specific safety factors and protecting interventions; see [FOM 722-06, Case Planning](#).

## COMPLETION REQUIREMENTS

The caseworker must complete a safety assessment prior to every updated DHS-441, Case Service Plan, for all households with a legal right to the child when the permanency planning goal is reunification, **and** the caseworker rates both overall barrier reduction and parenting time as substantial or partial in the reunification assessment; see [FOM 722-09B, Reunification Assessment](#).

The caseworker must also complete the safety assessment:

- Prior to placement in a household with a legal right to reunification if the caseworker completed the last safety assessment more than 30 days prior to placement **or** the prior safety assessment result was unsafe.
- Prior to completion of the DHS-441, Case Service Plan, each report period when the child lives in a household with legal right to reunification, regardless of the results of the reunification assessment, for the household in which the child resides.
- Whenever a change in circumstances leads the caseworker to believe that a threat of imminent danger exists.

Caseworkers must complete the safety assessment in MiSACWIS and link it to the DHS-441, Case Service Plan.

Caseworkers use the safety assessment to determine the presence or absence of specific immediate harm factors. Caseworkers respond to immediate harm factors by implementing one or more of the seven in-home **protecting interventions** or the out-of-home protecting intervention. A protecting intervention is safety response taken by staff or others to address the unsafe condition identified in the assessment; see Safety Interventions in this item.

If in-home protecting interventions cannot ensure the child's safety in the presence of the identified immediate harm factors or have failed to ensure the child's safety, the caseworker must select the protecting intervention of continued placement outside of the home.

**Note:** Young children, older children with developmental delays or other disabilities, and children who have experienced repeated victimization are especially vulnerable. The caseworker must consider each immediate harm factor regarding the vulnerability of each child throughout the assessment.

## Decisions

The caseworker uses the safety assessment to determine if the child is:

- **Safe**, if no immediate harm factor is present in the family.
- **Safe with services**, if any immediate harm factor is present but an in-home protecting intervention can ensure child safety while other services are provided.
- **Unsafe**, if any immediate harm factor is present and the only protecting intervention that can ensure the child's safety is the removal of the children from the home or continued out-of-home placement.

**Caseworkers must recommend return home of children in out-of-home care when the safety decision is:**

- Safe.
- Safe with services.

If the result of the safety assessment is safe or safe with services and the next court review is not scheduled for more than 30 days after the safety assessment, the caseworker must initiate action with the court of jurisdiction to review the appropriateness of the child's continued out-of-home placement and recommend return of

the child to the parental home prior to the next scheduled review hearing.

## SAFETY ASSESSMENT INSTRUCTIONS

The caseworker must select the case members participating in the assessment.

### Immediate Harm Factors

The caseworker must assess each immediate harm factor. The immediate harm factors are behaviors or conditions that may be associated with a child in danger of immediate or serious harm.

The caseworker must answer yes where there is clear evidence that the factor exists or there is cause for concern that the factor is present in the family. The caseworker must answer *no* if a factor is not present. **Use the definitions as guidelines in assessing the presence or absence of a factor.**

The caseworker must provide narrative justification for any immediate harm factor that is assessed as present.

1. Caretaker caused serious physical harm to a child or made a plausible threat to cause serious physical harm in the current investigation. If yes, the caseworker must select all that apply and provide narrative justification.
  - Serious injury or abuse to child other than accidental.
  - Threat to cause harm or retaliate against child.
  - Excessive discipline or physical force.
  - Potential harm to child as a result of domestic violence.
  - One or more caretakers fear they will maltreat child.
  - Alcohol or drug exposed infant.
2. Caretaker has previously maltreated a child in their care and the severity of the maltreatment or the caretaker's response to the previous incident **and** current circumstances suggest that child safety may be an immediate concern. There must be both current immediate threats to child safety **and** related previous maltreatment that was severe or represents an unresolved pattern of maltreatment. If yes, the caseworker must select all that apply and provide explanation.

- Prior death of a child.
- Prior maltreatment that caused severe harm to any child.
- Prior termination of parental rights.
- Prior removal of any child.
- Prior confirmed CPS case.
- Prior threat of serious harm to child.

**Note:** If the caseworker scores this factor as *no* and there is prior maltreatment, the caseworker must explain why it is not currently a factor.

3. Caretaker fails to protect children from serious harm or threatened harm. If yes, the caseworker must select all that apply and provide explanation.
  - Live-in partner found to be perpetrator.
4. Caretaker explanation of any injury to a child is unconvincing and the nature of the injury suggests that the child's safety may be of immediate concern. If yes, the caseworker must provide explanation. Examples include:
  - Medical evaluation indicates injury is result of abuse, caretaker denies or attributes injury to accidental causes.
  - Caretaker explanation for the observed injury is inconsistent with the type of injury.
  - Caretaker description of the causes of the injury minimizes the extent of harm to the child.
5. The family refuses access to the child, or there is a reason to believe that the family is about to flee, or a child's whereabouts cannot be ascertained. If yes, the caseworker must provide explanation. Examples include:
  - Family currently refuses access to the child and cannot or will not provide child's location.
  - Family has removed child from a hospital against medical advice.
  - Family has previously fled in response to a CPS investigation.
  - Family has history of keeping child at home, away from peers, school, other outsiders for extended periods.

6. Child is fearful of caretaker, other family members, or other people living in or having access to the home. If yes, the caseworker must provide explanation. Examples include:
  - Child cries, cowers, cringes, trembles, or otherwise exhibits fear in the presence of certain individuals or verbalizes such fear.
  - Child exhibits severe anxiety such as nightmares or insomnia related to situations associated with a person in the home.
  - Child has reasonable fears of retribution or retaliation from caretaker, other household members or others having access to the child.
7. Caretaker does not provide supervision necessary to protect child from potentially serious harm. If yes, the caseworker must provide explanation. Examples include:
  - Caretaker does not attend to child to the extent that need for care goes unnoticed or unmet, such as when caretaker is present but child can wander outdoors alone, play with dangerous objects, play on unprotected window ledge, or be exposed to other serious hazards.
  - Caretaker leaves child alone for a time period or under circumstances that are not appropriate given the child's age and development.
  - Caretaker makes inadequate or inappropriate baby-sitting or childcare arrangements or demonstrates very poor planning for child's care.
  - Caretaker whereabouts are unknown.
8. Caretaker does not meet the child's immediate need for food, clothing, shelter, or medical or mental health care. If yes, the caseworker must provide explanation. Examples include:
  - No housing or emergency shelter; child must or is forced to sleep in the street, car, or in a place not typically used as a dwelling; housing is unsafe or without heat.
  - No food provided or available to child, or child starved or deprived of food or drink for prolonged periods.

- Child without minimally warm clothing in cold months.
  - Caretaker does not seek treatment for child's immediate and dangerous medical condition or does not follow prescribed treatment for such condition.
  - Child appears malnourished.
  - Child has exceptional needs which caretaker cannot or will not meet.
  - Child is suicidal and caretaker will not take protective action.
  - Child shows effects of maltreatment, such as serious emotional symptoms and lack of behavior control or serious physical symptoms.
9. Child's physical living conditions are hazardous and immediately threatening based on the child's age and developmental stage. If yes, the caseworker must provide explanation. Examples include:
- Leaking gas from stove or heating unit.
  - Dangerous substances or objects stored in unlocked lower shelves or cabinets, under sink or in open.
  - Lack of water or utilities such as heat, plumbing, and electricity and no alternate provisions made, or alternate provisions are inappropriate, such as use of a stove or unsafe space heaters for heat.
  - Open windows or broken or missing windows.
  - Exposed electrical wires.
  - Excessive garbage or rotted or spoiled food which threatens health.
  - Serious illness or significant injury has occurred, such as lead poisoning or rat bites, due to living conditions and these conditions still exist.
  - Evidence of human or animal waste throughout living quarters.

- Guns and other weapons are not locked.
10. Caretaker substance use seriously affects their ability to supervise, protect or care for the child. If yes, the caseworker must provide explanation. Examples include:
- Caretaker has misused drugs or alcoholic beverages to the extent that control of his or her actions is lost or significantly impaired.
  - As a result of substance use, the caretaker is unable, or will likely be unable, to care for the child.
  - As a result of substance use, the caretaker has harmed the child, or is likely to harm the child.
11. Caretaker behavior is violent or out-of-control. If yes, the caseworker must provide explanation. Examples include:
- Extreme physical, verbal, angry, or hostile outbursts at child.
  - Use of brutal or bizarre punishment such as scalding with hot water, burning with cigarettes, or forced feedings.
  - Domestic violence is likely to have negative impact on the child.
  - Use of guns, knives, or other instruments in a violent way.
  - Violently shakes or chokes baby or young child to stop a particular behavior.
  - Behavior that seems out of touch with reality, fanatical, or bizarre.
  - Behavior that is reckless, unstable, raving, or explosive and seems to indicate a serious lack of self-control.
12. Caretaker describes or acts toward child in predominantly negative terms or has extremely unrealistic expectations. If yes, the caseworker must provide explanation. Examples include:
- Caretaker describes child in a demeaning or degrading manner, such as evil, possessed, stupid, or ugly.

- Caretaker curses at child or repeatedly puts child down.
- Caretaker scapegoats a particular child in the family.
- Caretaker expects a child to perform or act in a way that is impossible or improbable for the child's age or developmental stage, such as expecting babies and young children not to cry, be still for extended periods, be toilet trained or eat neatly, care for younger siblings, or stay alone.
- Caretaker views child as responsible for the caretaker's problems.
- Actions by the caretaker may be periodic but form an overall negative view of the child.

13. Child sexual abuse is suspected or confirmed and circumstances suggest that child safety may be an immediate concern. If yes, the caseworker must provide explanation. Examples include:

- Caretaker or others have committed rape, sodomy, or had other sexual contact with child.
- Caretaker or others have forced or encouraged child to engage in sexual performances or activities, including forcing a child to observe sexual performances or activities.
- Access by possible or confirmed sexual abuse perpetrator to child continues to exist.

**Note:** Confirmed means that there is a preponderance of evidence that sexual abuse occurred.

14. Caretaker emotional stability seriously affects current ability to supervise, protect, or care for the child. If yes, the caseworker must provide explanation. Examples include:

- Caretaker refusal to follow prescribed medicines may skew ability to parent the child.
- Caretaker inability to control emotions such as anger results in violent or out of control behavior that threatens a child.



- Caretaker exhibits distorted perception of reality that impacts ability to parent child appropriately such as keeping child from school or play due to extreme fear of germs or violence.
- Depressed behavior that manifests feeling of hopelessness, helplessness, or leading caretaker to being immobilized and failing to attend to child, feed or properly clothe child, or provide suitable environment.

15. Other. If yes, the caseworker must provide explanation.

If no immediate harm factors are present, the caseworker must go to the safety decision and select safe.

### **Safety Interventions**

If any immediate harm factor has been identified, the caseworker must consider the resources available in the family and the community to determine which protecting interventions will ensure the child's safety.

The caseworker must consider the following protecting interventions when determining the level of intervention necessary:

1. Monitoring or direct services by MDHHS worker.
2. Use of family resources, neighbors, or other individuals in the community as safety resources.
3. Use of community agencies or services as immediate safety resources.
  - Intensive home based.
  - Other community services.
4. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
5. Have the non-maltreating caretaker move to a safe environment with the child.
6. Recommend that the caretaker place the child outside the home.
7. Other.

8. Legal action must be continued to place children outside the home, such as placement with a relative or a licensed foster home.

The caseworker must assess whether in-home interventions 1-7 can address the identified immediate harm factors and ensure child safety. If one or more of the in-home protecting interventions can be used to ensure child safety, the caseworker must go to the safety decision and select *safe with services*.

If none of the in-home protecting interventions can ensure the child's safety, the caseworker must select protecting intervention 8 and select *unsafe* as the safety decision.

### Safety Decision

The caseworker must select the safety decision based on the following criteria:

- **Safe:**
  - The caseworker did not identify any immediate harm factors; and
  - The child is not in immediate danger of serious harm if placement is made, or maintained, with the caretaker.
- **Safe with Services:**
  - The caseworker identified immediate harm factors; and
  - In-home protecting interventions are in place that will allow the child to be placed or maintained with the caretaker.
- **Unsafe**
  - The caseworker identified immediate harm factors; and
  - No in-home protecting interventions can address the identified harm factors; and
  - One or more children are likely to be in immediate danger of serious harm if they return to or continue to reside in the home.

**POLICY CONTACT**

Direct questions about this policy item to the [Child Welfare Policy Mailbox](#).